



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

GABRIEL JASSO PH.D

**Respondent Name**

SAFETY NATIONAL CASUALTY CORP

**MFDR Tracking Number**

M4-17-3420-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

JULY 24, 2017

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$225.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "90882 denied-In accordance with the CMS Physician Fee Schedule rule for status code 'N', this service is not separately reimbursed."

**Response Submitted by:** Gallagher Bassett Services, Inc.

### **SUMMARY OF FINDINGS**

| Dates of Service   | Disputed Services  | Amount In Dispute | Amount Due |
|--------------------|--|-------------------|------------|
| September 12, 2016 | CPT Code 90882<br>Environmental Intervention For Medical Management<br>Purposes On A Psychiatric Patient's Behalf With<br>Agencies, Employers, Or Institutions | \$225.00          | \$0.00     |

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. The services in dispute were reduced / denied by the respondent with the following reason code:
  - 234-This procedure is not paid separately.
  - W3-Request for reconsideration.
  - 193-Original payment decision is being maintained. This claim was processed properly the first time.

## **Issues**

1. What is the applicable fee guideline?
2. Is the respondent's denial of payment supported?
3. Is the requestor entitled to additional reimbursement?

## **Findings**

1. The fee guidelines for professional services are found in 28 Texas Administrative Code §134.203.
2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 90082 based upon "234-This procedure is not paid separately".

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203 (b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

CPT code 90882 is defined as "Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions".

Per Medicare Policy, CPT code 90882 is a status "N" code that is not covered by Medicare; therefore, it does not have a relative value or fee assigned.

A review of the Environmental Intervention report states, "An Environmental Intervention was performed on behalf of the psychiatric patient for medical management purposes. A Peer Review request for neuropsychological and psychological and psychiatric overlay for [Claimant] with Dr. Mazzeolla was performed. Dr. Mazzeolla is apparently an advocate for the insurance agency. In general, we discussed the patient's mechanism of injury, current symptoms, treatment history, future treatment plans, return to work options, and current objective and subjective scores. We reviewed how the patient would benefit from testing and or treatment and how testing and treatment within itself is a manipulation of the environment. We also discussed the need for additional testing or treatment as well as the medical necessity to discontinue treatment if appropriate. There was no indication for determination." The report indicates that a Peer Review was performed with the insurance carrier's representative Dr. Mazzeolla for testing and/or treatment. This report provides no specific environmental interventions that were discussed for managing claimant's condition to support billing code 90882. As a result, reimbursement is not recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

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Signature

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Medical Fee Dispute Resolution Officer

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08/16/2017  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**